

AO 440 (Rev. 8/01) Summons in a Civil Action

## UNITED STATES DISTRICT COURT

District of Massachusetts

The M.D. Management Co., LLC (Petitioner),  
Adrian E. Lepedeanu (Beneficiary),  
Mariana Lepedeanu (Dependant, spouse) &  
R.L. (Dependant, child)

V.

U.S. Department of Homeland Security  
Citizenship and Immigration Services

### SUMMONS IN A CIVIL ACTION

04 10499 RWZ

CASE NUMBER:

TO: (Name and address of Defendant)

U.S. Attorney's Office  
John Joseph Moakley U.S. Courthouse  
Suite 9200  
1 Courthouse Way  
Boston, MA 02210

**YOU ARE HEREBY SUMMONED** and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Maureen O'Sullivan  
Kaplan, O'Sullivan & Friedman  
10 Winthrop Sq., 3rd Floor  
Boston, MA 02110

Phone: 617-482-4500  
Fax: 617-451-6828

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.



TONY ANASTAS

CLERK

(By) DEPUTY CLERK

MAR 11 2004

DATE

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>J. Moakley</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input type="checkbox"/> No                      If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p><i>U.S. Attorney's Office                      John J. Moakley U.S. Courthouse                      Suite 9200                      1 Courthouse Way                      Boston, MA 02210</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number                      (Transfer from service label)</p>		<p>7003 2260 0003 6565 7246</p> <p>Domestic Return Receipt</p>	

102595-02-M-1540